WORKSHEET A

TCM RATE DEVELOPMENT CALCULATION

County/City Program Name _____

Reporting Period From _____ To _____

Cost Center	SALARIES & EMPLOYEE BENEFITS	ALL OTHER COSTS	SUB-TOTL (COL 1+2)	WORKSHEET C RECLASS OF NON TCM SURVEY COST	SUBTOTAL (COL3+4)	WORKSHEET D ADJUSTMENT INCREASE (DECREASE)	NET EXPENSES (COL5+6)
	1	2	3	4	5	6	7
1 LGA - TCM CLASS COSTS			$0		$0	$0	$0
2 CONTRACTOR TCM COSTS -NON SPECIFIC			$0		$0	$0	$0
3 CONTRACTOR TCM COSTS- SPECIFIC			$0		$0	$0	$0
4 TOTAL TCM COSTS(Lines 1,2,3)	$0	$0	$0	$0	$0	$0	$0
5 NON-TCM COSTS			$0		$0	$0	$0
6 OVERHEAD (Administrative & Facility Costs)			$0		$0	$0	$0
7 TOTAL COSTS (Sum of Lines 4,5,6)	$0	$0	$0	$0	$0	$0	$0

8 TOTAL TCM COSTS (Column 7 Line 4)	$0
9 Total NON- TCM Costs (Column 7 Line 5)	$0
10 Total Cost of All Services Excluding Overhead(Ln 8 + Ln 9)	$0
11 Percentage of TCM Cost (Line 8 Divided by Line 10)	ERR
12 Overhead Applicable to TCM Services (Col.7 Ln. 6 x Ln. 11)	ERR
13 Allowable Case Manager Cost (Line 8 + 12)	ERR
14 Total TCM Encounters (From Prior Year Encounter Logs)	
15 Calculated Cost Per Encounter (Line 13 divided by Line 14)	ERR
16 Total Allowable Case Manager Cost	ERR
17 Plus Known Cost Increases(From Worksheet C)	$0
18 Less Revenue Adjustments (From Worksheet B)	$0
19 Adjusted Allowable Case Mgrs Costs (Line 16 Plus Line 17 Minus Line 18)	ERR
20 Billable Rate Per Encounter For Current Year (Line 19 Divided by Line 14)	ERR
21 Projected Medi-Cal Encounters for Current Fiscal Year	
22 Maximum Medi-Cal Reimbursement for Current Fiscal Year (Line 20 x Line 21)	ERR

WORKSHEET B
TCM RATE DEVELOPMENT CALCULATION
REVENUE ADJUSTMENTS

County/City
Program Name _____
Reporting Period

From_____To_____

DESCRIPTION	1 TOTAL REVENUE	2 TOTAL ASSIGNED TO TCM SERVICES	3 TOTAL ASSIGNED TO OTHER SERVICES
1	$0		
2	$0		
3	$0		
4	$0		
5	$0		
6	$0		
7	$0		
8	$0		
9	$0		
10	$0		
11	$0		
12	$0		
13	$0		
14	$0		
15	$0		
16	$0		
17	$0		
18	$0		
19	$0		
20	$0		
21	$0		
22	$0		
23	$0		
24	$0		
25	$0		
26 TOTAL ADJUSTMENTS (ADD LINES 1 - 25)	$0	$0	$0

TO WORKSHEET A
LINE 18

WORKSHEET C

County/City _____
Program Name _____
Reporting Period From _____ To _____

C/R LINE	COST CENTER	RECLASSIFICATION BASED ON SURVEY RESULTS
1	LGA- TCM CLASSES COSTS	
2	CONTRACTOR TCM COSTS - NON SPECIFIC	
3	CONTRACTOR TCM COSTS - SPECIFIC	
4	TOTAL TCM COSTS	$0
5	NON TCM COSTS	
6	OVERHEAD (ADMINISTRATIVE AND FACILITY COSTS)	
7	TOTAL COSTS	$0

TO WORKSHEET A
COLUMN 4

KNOWN COST INCREASES	
TOTALS	$0

TO WORKSHEET A
LINE 17

WORKSHEET D

TCM RATE DEVELOPMENT CALCULATION
ADJUSTMENTS TO EXPENSES

County/City _____
Program Name _____
Reporting Period

From_____To _____

DESCRIPTION	1 TOTAL ADJUSTMENT TO TCM CLASS COSTS	2 TOTAL ADJUSTMENT TO CONTRACTOR COSTS NON SPECIFIC	3 TOTAL ADJUSTMENT TO CONTRACTOR COSTS SPECIFIC	4 TOTAL ADJUSTMENT TO NON - TCM SERVICES	5 TOTAL ADJUSTMENT TO OVERHEAD SERVICES
1					
2					
3					
4					
5					
6					
7					
8					
9					
10					
11					
12					
13					
14					
15					
16					
17					
18					
19					
20 TOTAL ADJUSTMENTS (ADD LINES 1 -19)	$0	$0	$0	$0	$0
	TO WORKSHEET A COLUMN 6 LINE 1	TO WORKSHEET A COLUMN 6 LINE 2	TO WORKSHEET A COLUMN 6 LINE 3	TO WORKSHEET A COLUMN 6 LINE 5	TO WORKSHEET A COLUMN 6 LINE 6